| PATENT APPLICATION FEE DETERMINATION RECO   |   |   |              |                                    |              |                  |       |                         | Application or Docket Number |                       |                 |                     |  |  |
|---|---|---|--------------|------------------------------------|--------------|------------------|-------|-------------------------|------------------------------|-----------------------|-----------------|---------------------|--|--|
| Effective October 1, 2003   |   |   |              |                                    |              |                  |       | 10-726-219              |                              |                       |                 |                     |  |  |
| CLAIMS AS FILED - PART I  |   |   |              |                                    |              |                  |       | SMALL ENTITY OTHER THAN |                              |                       |                 |                     |  |  |
| (Column 1) (Column 2)   |   |   |              |                                    |              |                  |       | TYPE                    |                              |                       | OR SMALL ENTITY |                     |  |  |
| FOR   |   |   | 12           |                                    | ·            |                  |       | RATE                    | -                            | FEE                   | ]               | RATE                | FEE                                      |  |
| -   |   | 'ADI 5                                    | NUMBER FILED |                                    | NUMBER EXTRA |                  |       | BASIC FEE               |                              | 385.00                | OR              | BASIC FEE           | 770.00                                   |  |
| ╟   |   | ABLE CLAIMS                               | 42 minus 20= |                                    | 22           |                  |       | XS 9=                   |                              |                       | OR              | X\$18=              | 396                                      |  |
| ⊩   | DEPENDENT (   |   | minus 3 =    |                                    | 0            |                  |       | X43=                    |                              |                       | OR              | X86≃                |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |              |                                    |              |                  | +145= |                         |                              | OR                    | +290=           | 290                 |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |              |                                    |              |                  | •     | TOTAL                   | 1                            |                       | OR              | TOTAL               | 1456                                     |  |
| L   | 4-12 05 (Column 1) (Column 2) (Column 3)  |   |              |                                    |              |                  |       | OTHER THAT              |                              |                       |                 |                     |  |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER          | PRESENT<br>EXTRA |       | RATE                    |                              | ADDI-<br>IONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE                   |  |
| Š   | Total   | . 42                                      | Minus        | 42                                 |              | =                |       | X\$ 9=                  | 1                            |                       | OR              | X\$18=              |  |  |
| AME   | Independent   | 1   | Minus        | 13                                 |              | =                |       | X43=                    | †                            |                       | OR              | X86=                |  |  |
| <b>L</b>  | PINST PRES  | ENTATION OF M                             | ULTIPLE DE   | PENDENT                            | CLAIM        |                  | 1     | +145=                   | 1                            |                       | OR              | +290=               |  |  |
|   |   |   |              |                                    |              |                  |       | TOTA                    |                              |                       | OR              | YOTAL<br>ADDIT, FEE |  |  |
|   | 7/8/5   | 7/8/5 (Column 1) (Column 2) (Column 3)    |              |                                    |              |                  |       |                         |                              |                       | •               | -con. rec           |  |  |
| AMENDMENT B   | //  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE                    | T                            | ADDI-<br>IONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE                   |  |
|   | Total   | . 3                                       | Minus        | -20                                | 2            | =                |       | X\$ 9=                  |                              |                       | OR              | X\$18=              |  |  |
|   | Independent   | NTATION OF MI                             | Minus        | DENDENT                            | <u> </u>     | -                |       | X43=                    | T                            |                       | OR              | X86=                |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |              |                                    |              |                  |       | +145=                   |                              |                       | OR              | +290=               |  |  |
|   |   |   |              |                                    |              |                  |       |                         |                              |                       | OR A            | TOTAL<br>DDIT, FEE  |  |  |
|   | <del> </del>  | (Column 1)<br>CLAIMS                      | . ,          | (Colum                             |              | (Column 3)       |       |                         |                              | ·                     | _               |                     |  |  |
| AMENOMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           | -            | NUMB!<br>PREVIOL<br>PAID FO        | ER<br>JSLY   | PRESENT<br>EXTRA |       | RATE                    | m                            | DDI-<br>ONAL<br>FEE   |                 | RATE                | ADDI-<br>TIONAL<br>FEE                   |  |
|   | Total ·   | *   | Minus        | **                                 |              | <b>=</b>         |       | X\$ 9=                  | Γ                            |                       | OR              | X\$18=              | -, -, -, -, -, -, -, -, -, -, -, -, -, - |  |
|   | Independent   | NTATION OF AU                             | Minus        | ***                                |              | .3               | 上     | X43=                    | T                            |                       | OR              | X86=                |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=  |   |   |              |                                    |              |                  |       |                         |                              |                       |                 |                     |  |  |
| • #   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |              |                                    |              |                  |       |                         |                              |                       | OR L            | +290=<br>TOTAL      |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  OR TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |              |                                    |              |                  |       |                         |                              |                       |                 |                     |  |  |
|   | STO STE CO. 10  |   | · w (iwai Q  | ansependen                         | y is ulte !  | mynesi number    | IVUNO | a ne ab                 | ргор                         | miais box             | iu COM          |                     |  |  |